POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION	MG		1/2/00	
O.I.P.E. CLASSIFIER	2.3'		2-7-00	
FORMALITY REVIEW	41. M.	7/620	2-15-00	
RESPONSE FORMALITY REVIEW		11000	5/1/00	
		61001	7/	

INDEX OF CLAIMS

Rejected	N Non-elected
= Allowed	IInterference
 (Through numeral) Canceled 	A Appeal
÷ Restricted	O Objected

			Restricted 0 Objected			
	Claim Date	Claim	Date	Claim	Date	
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	9 1 1	59		109		
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		61		111		
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	13	63		113		
	14	64		114		
	15	65	 	115		
	16)	66		116		
	17	67	+++++	117		
	18	68	 	· · · · · · · · · · · · · · · · · · ·		
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	24	74		124		
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•	27			128		
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		82	 	132	- - - - - 	
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	34	84	 	134		
	35	85	++++++	135		
	36	86	 	136		
	37	87	+++++	137		
	38	88		138		
	39	89	 	139		
	40	90	 	140		
	41	91	 	141		
	42	92		142		
	43	93		143		
	44	94	++++	144		
	45	95		145		
	46	96		146		
	47	97		147		
	48	98	+++++	148		
	49	99	+ + + + - + - + - + - + - + - + - + - +	149		
	50	100		150		

If more than 150 claims or 10 actions staple additional sheet here

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